

Application For Employment

LIVINGSTON HEALTHCARE
LIVINGSTON MEMORIAL HOSPITAL ~ 504 SOUTH 13TH ST
PARK CLINIC ~ 1001 RIVER DRIVE
LIVINGSTON, MONTANA 59047

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

- ☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other _____

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Telephone Number

Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Professional Graduate				
Other (specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Employment Experience

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	End	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	End	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
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Job Title	Supervisor			
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Employer		Dates Employed		Work Performed
		From	To	
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Job Title	Supervisor			
Reason for Leaving				

List professional, trade, business or civic activities and offices held.				
<i>Exclude all memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>				

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list): Other (list): _____
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

☐ YES ☐ NO

References

1. Name	
Address	Phone
2. Name	
Address	Phone
3. Name	
Address	Phone

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Interviewer _____ Interview date _____

Employed ☐ Yes ☐ No Start Date _____

Job Title _____

Department _____

Hourly Rate / Salary _____

Authorized By _____ Date _____

Notes: _____

